

**AT-HOME VETERINARY SERVICES
CLIENT REGISTRATION FORM**

Please Check One: New Client Current Client - New Pet

Name: Last	First	M
Address: Street		City, State, ZIP
Phone: Home	Cell	Work
Email:	Employer:	
Spouse or Co-Owner:	Employer:	
Email:	Phone(work/cell):	
Emergency Contact:	Phone:	
If choosing to pay by check, please include the following information: Driver's License Number: _____ Birthdate: _____		
How did you hear of us? (recommendation/website/flyer/yellow pages/online/newspaper/sign/other)		
Current Pets: (names and species)		

PATIENT INFORMATION

Name:	Species:	Breed:
Color/Markings:		Birthdate:
Sex:	Neutered/Spayed/Date:	
Special Notes:		
Date/Type Last Vaccination(s):		Any long-term problems?
Current Medications:		
Describe your pet's diet:		

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of service.

Signature _____ Date: _____

Method of Payment: Cash Check MC/VISA (PayPal)